

		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH Facility ID Number: <u>0036244</u></p> <p>Facility Name: <u>Alden Princeton Rehab & HCC</u></p> <p>Address: <u>255 W. 69th St.</u> <u>Chicago</u> <u>60621</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 224-5900</u> Fax # <u>(773) 224-7157</u></p> <p>IDPA ID Number: <u>36-370816900</u></p> <p>Date of Initial License for Current Owners: <u>08/24/90</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2002</u> to <u>12/31/2002</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td data-bbox="1150 678 1283 824" rowspan="2">Officer or Administrator of Provider</td> <td data-bbox="1283 678 1921 711">(Signed) _____</td> </tr> <tr> <td data-bbox="1283 711 1921 743">(Type or Print Name) <u>Steven M. Kroll</u></td> </tr> <tr> <td data-bbox="1150 824 1283 857"></td> <td data-bbox="1283 824 1921 857">(Title) <u>Chief Financial Officer</u></td> </tr> <tr> <td data-bbox="1150 857 1283 1040" rowspan="4">Paid Preparer</td> <td data-bbox="1283 857 1921 889">(Signed) _____</td> </tr> <tr> <td data-bbox="1283 889 1921 922">(Date) _____</td> </tr> <tr> <td data-bbox="1283 922 1921 954">(Print Name and Title) _____</td> </tr> <tr> <td data-bbox="1283 954 1921 987">(Firm Name & Address) _____</td> </tr> <tr> <td data-bbox="1150 1040 1283 1073"></td> <td data-bbox="1283 1040 1921 1073">(Telephone) <u>()</u> Fax # ()</td> </tr> <tr> <td colspan="2" data-bbox="1150 1073 1921 1127"> <p align="center">MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p> </td></tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Steven M. Kroll</u>		(Title) <u>Chief Financial Officer</u>	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____		(Telephone) <u>()</u> Fax # ()	<p align="center">MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	
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STATE OF ILLINOIS

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Facility Name & ID Number Alden Princeton Rehab & HCC# 0036244 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>225</u>	Skilled (SNF)		<u>82,125</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>225</u>	TOTALS		<u>82,125</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>33,179</u>	<u>182</u>	<u>4,098</u>	<u>37,459</u>	8
9	SNF/PED					9
10	ICF	<u>16,530</u>	<u>18</u>	<u>14</u>	<u>16,562</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>49,709</u>	<u>200</u>	<u>4,112</u>	<u>54,021</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 65.78%

D. How many bed-hold days during this year were paid by Public Aid?

none (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)none

F. Does the facility maintain a daily midnight census?

yesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 07/01/90 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 73 and days of care provided 3,688Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2002

Ending:

12/31/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	200,130	40,894	7,520	248,544	1,861	250,405		250,405		1
2	Food Purchase		348,098		348,098	(27,206)	320,892	(62,275)	258,617		2
3	Housekeeping	167,336	38,772		206,108	1,065	207,173		207,173		3
4	Laundry	61,527	29,490		91,017	375	91,392		91,392		4
5	Heat and Other Utilities							2,591	2,591		5
6	Maintenance	51,171		184,088	235,259	19,762	255,021	39,653	294,674		6
7	Other (specify):*			151,904	151,904		151,904		151,904		7
8	TOTAL General Services	480,164	457,254	343,512	1,280,930	(4,143)	1,276,787	(20,031)	1,256,756		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	1,689,849	328,077	5,400	2,023,326	5,706	2,029,032	(112,738)	1,916,294		10
10a	Therapy	20,705			20,705		20,705		20,705		10a
11	Activities	67,391	7,850	2,130	77,371	218	77,589		77,589		11
12	Social Services	36,925			36,925		36,925		36,925		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,814,870	335,927	43,530	2,194,327	5,924	2,200,251	(112,738)	2,087,513		16
	C. General Administration										
17	Administrative	206,917			206,917		206,917		206,917		17
18	Directors Fees										18
19	Professional Services			641,682	641,682		641,682	(601,621)	40,061		19
20	Dues, Fees, Subscriptions & Promotions			44,097	44,097	(8,233)	35,864	(23,014)	12,850		20
21	Clerical & General Office Expenses	471,729	15,796	186,261	673,786	7,874	681,660	75,941	757,601		21
22	Employee Benefits & Payroll Taxes			451,608	451,608	17,673	469,281	68,334	537,615		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,490	5,490	(3,150)	2,340	11,805	14,145		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			51,256	51,256		51,256	7,457	58,713		26
27	Other (specify):* Bad debts			2,395	2,395		2,395	(2,395)			27
28	TOTAL General Administration	678,646	15,796	1,382,789	2,077,231	14,164	2,091,395	(463,493)	1,627,902		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,973,680	808,977	1,769,831	5,552,488	15,945	5,568,433	(596,263)	4,972,170		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number

Alden Princeton Rehab & HCC

#0036244

Report Period Beginning:

01/01/2002

Ending:

12/31/2002

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation					53,871	53,871	270,150	324,021			30
31	Amortization of Pre-Op. & Org.							210,911	210,911			31
32	Interest			67,739	67,739		67,739	864,438	932,177			32
33	Real Estate Taxes			292,342	292,342	(292,342)		284,211	284,211			33
34	Rent-Facility & Grounds			841,162	841,162	292,342	1,133,504	(1,132,883)	621			34
35	Rent-Equipment & Vehicles			9,216	9,216	3,817	13,033	17,564	30,597			35
36	Other (specify):* Mortg. Insurance			73,633	73,633	(73,633)		39,270	39,270			36
37	TOTAL Ownership			1,284,092	1,284,092	(15,945)	1,268,147	553,661	1,821,808			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	461,972	331,354	460,031	1,253,357		1,253,357	(103,660)	1,149,697			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		60		60		60	(59)	1			41
42	Provider Participation Fee			123,187	123,187		123,187		123,187			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	461,972	331,414	583,218	1,376,604		1,376,604	(103,719)	1,272,885			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,435,652	1,140,391	3,637,141	8,213,184		8,213,184	(146,322)	8,066,862			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2002

Ending:

12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	12,003	30		9
10	Interest and Other Investment Income	(6,567)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(270)	2		13
14	Non-Care Related Interest	(20,000)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(9,134)	32		18
19	Entertainment	(475)	20		19
20	Contributions	(2,850)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,395)	27		24
25	Fund Raising, Advertising and Promotional	(19,021)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (48,709)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	36,233		34
35	Other- Attach Schedule	(133,846)	pg 5a	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (97,613)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (146,322)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 01/01/2002

Ending: 12/31/2002

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Illinois Healthcare Association-Pac fees	\$ (1,064)	20	1
2	Clothing/Gift shop items	(59)	41	2
3	Record add'l def maint exp to correct amt.	30,687	6	3
4	Back out utility late fee	(790)	5	4
5	Adj deprec expense to correct detail amount	(2,200)	30	5
6	back out non-care related interest in gl 7053	(2,072)	32	6
7	offset dividend income (gl 4979) with inter income	(145,688)	32	7
8	back out marketing salaries	(12,659)	21	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
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36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(133,846)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2002

Ending:

12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(270)	0	0	(62,005)	0	0	0	0	0	0	0	(62,275)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(790)	0	3,381	0	0	0	0	0	0	0	0	2,591	5
6	Maintenance	30,687	0	9,006	0	0	0	(40)	0	0	0	0	39,653	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	29,627	0	12,387	(62,005)	0	0	(40)	0	0	0	0	(20,031)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(112,043)	(695)	0	0	0	0	0	0	(112,738)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	(112,043)	(695)	0	0	0	0	0	0	(112,738)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	4,250	(605,871)	0	0	0	0	0	0	0	0	(601,621)	19
20	Fees, Subscriptions & Promotions	(23,410)	0	396	0	0	0	0	0	0	0	0	(23,014)	20
21	Clerical & General Office Expenses	(12,659)	0	24,626	59,699	4,275	0	0	0	0	0	0	75,941	21
22	Employee Benefits & Payroll Taxes	0	0	67,654	0	680	0	0	0	0	0	0	68,334	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	11,805	0	0	0	0	0	0	0	0	11,805	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	7,457	0	0	0	0	0	0	0	0	0	7,457	26
27	Other (specify):*	(2,395)	0	0	0	0	0	0	0	0	0	0	(2,395)	27
28	TOTAL General Administration	(38,464)	11,707	(501,390)	59,699	4,955	0	0	0	0	0	0	(463,493)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(8,838)	11,707	(489,003)	(114,349)	4,260	0	(40)	0	0	0	0	(596,263)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2002 Ending:

12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	9,803	246,880	12,564	0	903	0	0	0	0	0	0	270,150 30
31	Amortization of Pre-Op. & Org.	0	209,375	1,478	0	0	58	0	0	0	0	0	210,911 31
32	Interest	(183,461)	1,000,282	46,093	0	712	811	0	0	0	0	0	864,438 32
33	Real Estate Taxes	0	280,032	3,958	0	221	0	0	0	0	0	0	284,211 33
34	Rent-Facility & Grounds	0	(1,133,504)	621	0	0	0	0	0	0	0	0	(1,132,883) 34
35	Rent-Equipment & Vehicles	0	0	17,564	0	0	0	0	0	0	0	0	17,564 35
36	Other (specify):*	0	39,270	0	0	0	0	0	0	0	0	0	39,270 36
37	TOTAL Ownership	(173,658)	642,335	82,278	0	1,836	869	0	0	0	0	0	553,661 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(11,880)	(27,906)	(63,874)	0	0	0	0	0	(103,660) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	(59)	0	0	0	0	0	0	0	0	0	0	(59) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	(59)	0	0	(11,880)	(27,906)	(63,874)	0	0	0	0	0	(103,719) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(182,555)	654,042	(406,725)	(126,229)	(21,810)	(63,005)	(40)	0	0	0	0	(146,322) 45

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden management services, Inc.	100	see page 6k		See page 6k		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	34 Lease Revenue	\$ 1,133,504	Princeton Associates Limited Partnership	100.00%	\$	\$ (1,133,504)
2	V	32 Investment income - RR	4,627	Princeton Associates Limited Partnership			(4,627)
3	V	19 Audit expense		Princeton Associates Limited Partnership		3,700	3,700
4	V	19 Bank charges		Princeton Associates Limited Partnership		550	550
5	V	33 Real estate taxes		Princeton Associates Limited Partnership		280,032	280,032
6	V	26 Insurance expense		Princeton Associates Limited Partnership		7,457	7,457
7	V	32 Interest on mortgage payable		Princeton Associates Limited Partnership		622,117	622,117
8	V	32 Interest on operating loss loan		Princeton Associates Limited Partnership		70,559	70,559
9	V	32 Prepayment penalty on debt		Princeton Associates Limited Partnership		312,233	312,233
10	V	36 Mortgage insurance premium		Princeton Associates Limited Partnership		39,270	39,270
11	V	30 Depreciation		Princeton Associates Limited Partnership		246,880	246,880
12	V	31 Amortization		Princeton Associates Limited Partnership		209,375	209,375
13	V						
14	Total		\$ 1,138,131			\$ 1,792,173	\$ * 654,042

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	22 Employee Benefits	\$	Alden Management Services, Inc.	0.00%	\$ 67,654	\$ 67,654	15
16	V	19 Management fees	616,742	Alden Management Services, Inc.		10,871	(605,871)	16
17	V	21 Gen'l & Admin.		Alden Management Services, Inc.		24,626	24,626	17
18	V	5 Utilities		Alden Management Services, Inc.		3,381	3,381	18
19	V	6 maintenance/utilities		Alden Management Services, Inc.		9,006	9,006	19
20	V	24 autos/seminars		Alden Management Services, Inc.		11,805	11,805	20
21	V	20 dues/subscriptions		Alden Management Services, Inc.		396	396	21
22	V	30 depreciation		Alden Management Services, Inc.		12,564	12,564	22
23	V	31 amortization		Alden Management Services, Inc.		1,478	1,478	23
24	V	33 real estate tax		Alden Management Services, Inc.		3,958	3,958	24
25	V	34 rent		Alden Management Services, Inc.		621	621	25
26	V	35 rent-equip/vehicles		Alden Management Services, Inc.		17,564	17,564	26
27	V	32 interest		Alden Management Services, Inc.		46,093	46,093	27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 616,742			\$ 210,017	\$ * (406,725)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2 Tube feeding	\$ 111,909	Pyramid Health Care Services	100.00%	\$ 49,904	\$ (62,005)	15
16	V	10 Nursing supplies	142,021	Pyramid Health Care Services		29,978	(112,043)	16
17	V	39 Per diem/other supply	28,976	Pyramid Health Care Services		17,096	(11,880)	17
18	V	21 General & admin		Pyramid Health Care Services		59,699	59,699	18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 282,906			\$ 156,677	\$ * (126,229)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002

Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 99,232	Forum Extended Care II	100.00%	\$ 76,075	\$ (23,157)	15
16	V	10 House stock	2,979	Forum Extended Care II		2,284	(695)	16
17	V	39 IV	20,351	Forum Extended Care II		15,602	(4,749)	17
18	V	22 Employee benefits		Forum Extended Care II		680	680	18
19	V	21 G & A		Forum Extended Care II		4,275	4,275	19
20	V	32 Interest		Forum Extended Care II		712	712	20
21	V	33 Real estate taxes		Forum Extended Care II		221	221	21
22	V	30 Depreciation		Forum Extended Care II		903	903	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 122,562			\$ 100,752	\$ * (21,810)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Therapy	\$ 454,931	Community Physcial Therapy	100.00%	\$ 391,057	\$ (63,874)	15
16	V	32 Interest		Community Physcial Therapy		811	811	16
17	V	31 Amortization		Community Physcial Therapy		58	58	17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 454,931			\$ 391,926	\$ * (63,005)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	6 maintenance expenses	\$ 13,447	Alden Bennett Construction	100.00%	\$ 13,407	\$ (40)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 13,447			\$ 13,407	\$ *	(40) 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	344,312	2.08	5.20	SALARY	\$ 18,900	17-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	86,940	2.08	5.20	SALARY	4,772	17-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	81,350	2.08	5.20	SALARY	4,466	17-1	3
4	Joan Carl d.	Secretary	Vice-President	0.00	209,583	2.08	5.20	SALARY	11,505	17-1	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 39,643		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson Ave.
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	see page 8A (also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	Prudential		X	Mortgage		1/1/02	\$ 7,098,500	\$		paid off	6.1800	\$ 622,117	1						
2	Cambridge		x	Operations	\$4,158.00	2/2003	738,400		738,400	212/2042	6.1800	70,559	2						
3	Corus		X	Operations		7/1/01	505,555		231,000	4/1/04	6.7500	28,929	3						
4	Cambridge		x	Mortgage	\$39,970.00	2/2003	7,098,500		7,098,500	12/31/2042	6.1800		4						
5	interest expense on early extinguishment of debt											312,233	5						
	Working Capital																		
6	Related party - AMS	X		working capital								55,271	6						
7	Related party - FECII	X		working capital								712	7						
8	Related party - CPT	X		working capital								811	8						
9	TOTAL Facility Related				\$44,128.00		\$ 15,440,955	\$ 8,067,900				\$ 1,090,631	9						
	B. Non-Facility Related*																		
10	offset Prn Assoc interest expense with interest income on Repl reserve											(4,627)	10						
11	offset Corp's interest expense with interest income.											(8,141)	11						
12	offset Corp's interest expense with dividend income.											(145,687)	12						
13													13						
14	TOTAL Non-Facility Related						\$	\$				\$ (158,455)	14						
15	TOTALS (line 9+line14)						\$ 15,440,955	\$ 8,067,900				\$ 932,177	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 39,270 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	275,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	273,432	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(1,568)	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	281,600	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	280,032	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1997	280,061	8	
		1998	285,032	9	
		1999	283,119	10	
		2000	266,501	11	
		2001	273,432	12	
Accrual based on 3% increase over prior year bill.					
		13	FROM R. E. TAX STATEMENT FOR 2001	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036244

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-413-032-0000</u>	<u>Nursing home facility</u>	\$ <u>290.53</u>	\$ <u>290.53</u>
2. <u>20-21-413-005-0000</u>	<u>Nursing home facility</u>	\$ <u>13,972.29</u>	\$ <u>13,972.29</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing home facility</u>	\$ <u>14,678.87</u>	\$ <u>14,678.87</u>
4. <u>20-21-413-004-0000</u>	<u>Nursing home facility</u>	\$ <u>81,152.29</u>	\$ <u>81,152.29</u>
5. <u>20-21-413-035-0000</u>	<u>Nursing home facility</u>	\$ <u>81,001.45</u>	\$ <u>81,001.45</u>
6. <u>20-21-413-022-0000</u>	<u>Nursing home facility</u>	\$ <u>13,709.68</u>	\$ <u>13,709.68</u>
7. <u>20-21-413-003-0000</u>	<u>Nursing home facility</u>	\$ <u>54,656.04</u>	\$ <u>54,656.04</u>
8. <u>20-21-413-002-0000</u>	<u>Nursing home facility</u>	\$ <u>13,970.75</u>	\$ <u>13,970.75</u>
9. <u></u>	<u>Related Party - Alden Management</u>	\$ <u>76,052.00</u>	\$ <u>3,958.00</u>
10. <u></u>	<u>Related Party - Forum</u>	\$ <u>8,608.00</u>	\$ <u>221.00</u>
	TOTALS	\$ <u><u>358,091.90</u></u>	\$ <u><u>277,610.90</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

A.
Square Feet:
80,000

B. General Construction Type:

Exterior
brick

Frame
steel

Number of Stories
3

C.
Does the Operating Entity?

☐ (a) Own the Facility
☒ (b) Rent from a Related Organization.
☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.
Does the Operating Entity?

☐ (a) Own the Equipment
☒ (b) Rent equipment from a Related Organization.
☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.
List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F.
Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home	82,377	1989	\$ 151,068	1
2					2
3	TOTALS	82,377		\$ 151,068	3

XI. OWNERSHIP COSTS (continued) B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	\$ 18,359	\$	22	\$	\$	\$ 18,359	4
5											5
6	225		1,990	1989	6,937,625	221,739	30	231,254	9,515	2,890,675	6
7			1992	1992	44,020		30	1,467	1,467	15,279	7
8			1993	1993	30,616		30	1,021	1,021	10,477	8
9	Improvement Type**										9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
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23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	2 Year Constructed	3 Cost	4 Current Book Depreciation	5 Life in Years	6 Straight Line Depreciation	7 Adjustments	8 Accumulated Depreciation	9
37	FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC	1991	\$ 7,180	\$	VARIOUS	\$		\$ 7,180	37
38	EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/	1992	11,688	(66)	VARIOUS	(66)		11,959	38
39	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993	24,066	944	VARIOUS	944		19,872	39
40	DOOR/HEATING COIL/BOILER VALVE/WATER TANK/EXTINGU	1995	27,107	1,680	VARIOUS	1,680		13,832	40
41	NEW CARPETING	1996	1,400	140	10	140		957	41
42	COIL REPLACEMENT(AIR CONDITIONER)	1996	4,821	482	10	482		3,254	42
43	CEILING REPAIRS	1996	1,700	142	12	142		968	43
44	INSTALL SB 35 PUMP	1997	3,287	329	10	329		1,753	44
45	SEAL COATING/PATCHING	1997	2,300	307	5	307		2,300	45
46	REPAIR KEBO LIFT	1997	1,917	288	5	288		1,917	46
47	LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)	1998	6,800	680	10	680		3,287	47
48	SHINE-RITE(STRIP & REFINISH FLOORS)	1998	6,000	600	10	600		2,750	48
49	CORONET MFG	1998	8,970	897	10	897		3,663	49
50	REEDY EQ.(REPAIR DISHWASHERS)	1998	4,612	461	10	461		1,883	50
51	JP Graham(installation)	1999	2,781	278	10	278		1,089	51
52	Northtown (repair steamer)	1999	1,674	167	10	167		614	52
53	Rykoff Sexton(kitchen supplies)	1999	2,337	234	10	234		838	53
54	Long Elevator(repair water damage)	1999	2,949	295	10	295		958	54
55	Fox Valley(fire alarm inspection)	1999	2,000	133	15	133		422	55
56	ABC(construction management)	1999	785	157	5	157		484	56
57	Kraft Paper (desk & chairs)	1999	2,023	135	15	135		416	57
58	Climate Services(exhaust roof top repair)	1999	2,143	214	10	214		661	58
59	New Horizons(install phones and wall mounts)	1999	5,848	585	10	585		1,803	59
60	ABC:Carpentry labor	1999	2,460	246	10	246		758	60
61	ABC:Resilient flooring	1999	3,996	400	10	400		1,299	61
62	continue....								62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,171,462	\$ 231,466		\$ 243,468	\$ 12,003	\$ 3,019,706	70

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Page 12B

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,171,462	\$ 231,466		\$ 243,468	\$ 12,003	\$ 3,019,706	1
2	Equipment International (dryer fan blade)	2000	602	60	10	60		175.48	2
3	CSI-Coker Service (repair steam table)	2000	1,151	115	10	115		335.77	3
4	Fox Valley Fire & Safety (fire alarm repair)	2000	776	78	10	78		226.33	4
5	Equipment International (motor repair - washer)	2000	1,106	111	10	111		322.58	5
6	Climate Service (replace hot water valve)	2000	1,303	130	10	130		380.03	6
7	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		297.76	7
8	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		1,939.85	8
9	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		2,789.40	9
10	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		269.38	10
11	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		458.43	11
12	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		1,814.68	12
13	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		506.57	13
14	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		160	14
15	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		86	15
16	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		372	16
17	ALDEN DESIGN (plat of survey)	2000	756	76	10	76		170	17
18	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		3,374	18
19	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		11,675	19
20	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		1,257	20
21	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		165	21
22	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		196	22
23	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		62	23
24	Equipment Int'l (washer repair)	2001	1,110	222	5	222		444	24
25	GT Mechanical Inc (repair freezer)	2001	2,886	577	5	577		866	25
26	Alden Bennett (miscell construction)	2001	2,913	291	10	291		486	26
27	Hobart (installed amps for serving steamers)	2001	1,828	366	5	366		609	27
28	Capps (install preasure reading valve)	2001	3,485	349	10	349		407	28
29	Fire Pros (control panel repair)	2001	5,425	543	10	543		633	29
30	Alden Bennett (miscell construction)	2001	2,876	288	10	288		360	30
31	Alden Bennett (miscell construction)	2001	1,622	324	5	324		351	31
32	continue....								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,337,566	\$ 248,354		\$ 260,357	\$ 12,003	\$ 3,050,895	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,337,566	\$ 248,354		\$ 260,357	\$ 12,003	\$ 3,050,895	1
2	Fire Pros (control panel repair)	2002	5,425	543	10	543		543	2
3	Alden bennet -- window sills	2002	8,139	610	10	610		610	3
4	GT Mechincal -- repair chiller	2002	3,449	345	5	345		345	4
5	Alden bennet - nursing call system install	2002	23,320	518	15	518		518	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,377,899	\$ 250,370		\$ 262,373	\$ 12,003	\$ 3,052,911	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,377,899	\$ 250,370		\$ 262,373	\$ 12,003	\$ 3,052,911	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	19,335		20			19,335	4
5	Leasehold Improvement-Remodeling	1980	1,208		10			1,208	5
6	Leasehold Improvement-Remodeling	1986	645		5			645	6
7	Leasehold Improvement-Remodeling	1990	404		5			404	7
8	Leasehold Improvement-Remodeling	1991	94		5			94	8
9	Leasehold Improvement-Remodeling	1993	8,304	830	10	830		8,304	9
10	Leasehold Improvement-Remodeling	1993	6,504	469	9.7	469		6,504	10
11	Leasehold Improvement-sign	1994	261	22	12	22		174	11
12	Leasehold Improvement-dryvit	1995	443	44	10	44		310	12
13	Leasehold Improvement-new ac	1999	723	48	15	48		145	13
14	Leasehold Improvement-roof	1985	972	52	19	52		922	14
15	Leasehold Improvement-roof	1994	863	58	15	58		518	15
16	Leasehold Improvement-roof	1997	819	55	15	55		328	16
17	Leasehold Improvement-roof	1998	1,390	93	15	93		464	17
18	Leasehold Improvement-parking lot asphalt	2000	111	11	10	11		33	18
19	Leasehold Improvement-hallway lighting	2001	155	16	10	16		32	19
20	Leasehold Improvement-DAI	2001	195	19	10	19		38	20
21	Leasehold Improvement-bathrooms	2002	687	69	10	69		69	21
22	Leasehold Improvement-Remodeling	2002	98	20	5	20		20	22
23	Related Party-AMS:								23
24	Leasehold Improvement-Remodeling	1993	4,266		7			4,266	24
25	Leasehold Improvement-Remodeling	1994	2,112		7			2,112	25
26	Leasehold Improvement-Remodeling	2002	5,221		7				26
27									27
28									28
29									29
30									30
31									31
32	Related Party-Forum Ext. Care	1999	1,764	163	40	163		183	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,434,473	\$ 252,339		\$ 264,342	\$ 12,003	\$ 3,099,019	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 976,700	\$ 53,203	\$ 53,203	\$	VARIOUS	\$ 733,006	71
72	Current Year Purchases	34,481	1,983	1,983		VARIOUS	1,347	72
73	Fully Depreciated Assets	98,823	701	701		VARIOUS	98,823	73
74								74
75	TOTALS	\$ 1,110,004	\$ 55,887	\$ 55,887	\$		\$ 833,176	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	CAR ENGINE/BUS/VAN	:DODGE	98-'02	\$ 12,336	\$ 3,792	\$ 3,792	\$	3	\$ 9,992	76
77										77
78										78
79										79
80	TOTALS			\$ 12,336	\$ 3,792	\$ 3,792	\$		\$ 9,992	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,707,881	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 312,019	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 324,021	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,003	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,942,186	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$ n/a	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ n/a	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party- cost is backed out.

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☒ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 9,883 Description: copy machine lease=\$9216, postage meter=667

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	non-patient transport		\$ 262.50	\$ 3,150	17
18	various	various	1,463.67	17,564	18
19					19
20					20
21	TOTAL		\$ 1,726.17	\$ 20,714	21

10. Effective dates of current rental agreement:

Beginning 10/1/90

Ending 9/20/22

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2003 \$ 853,472

13. /2004 \$ 853,472

14. /2005 \$ 853,472

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary. <u>Skilled nurses on site</u>	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 139,243	\$		\$ 139,243	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			4,472			4,472	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			78,859			78,859	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PAGE 16A	# of prescrpts			73,855			73,855	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program			461,972					461,972	12
13	Other (specify):	SEE PAGE 16A				391,296			391,296	13
14	TOTAL			\$ 461,972		\$ 687,725	\$		\$ 1,149,697	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002

Ending:

12/31/2002

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2002

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 159,141	\$ 175,504	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 259,061)	1,441,084	1,761,012	3
4	Supply Inventory (priced at)	255	255	4
5	Short-Term Investments		691,815	5
6	Prepaid Insurance	4,359	13,264	6
7	Other Prepaid Expenses	1,605	1,605	7
8	Accounts Receivable (owners or related parties)		172,990	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,606,444	\$ 2,816,445	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,058,764	12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,984,761	14
15	Leasehold Improvements, at Historical Cost	554,063	554,063	15
16	Equipment, at Historical Cost	293,480	1,017,440	16
17	Accumulated Depreciation (book methods)	(464,391)	(3,830,785)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,383,152	\$ 5,940,136	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,989,596	\$ 8,756,581	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 649,331	\$ 650,331	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	146,537	146,537	28
29	Short-Term Notes Payable	77,364	119,898	29
30	Accrued Salaries Payable	280,018	280,018	30
31	Accrued Taxes Payable (excluding real estate taxes)	51,814	333,446	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		40,327	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to IDPA/other accrued expenses	121,773	131,488	36
37	Due to Affiliates/ due to BBS	874,644	874,644	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,201,482	\$ 2,576,690	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	433,560	7,493,534	39
40	Mortgage Payable		734,392	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Stock holder	250,000	250,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 683,560	\$ 8,477,926	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,885,042	\$ 11,054,616	46
47	TOTAL EQUITY (page 18, line 24)	\$ 104,554	\$ (2,298,035)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,989,596	\$ 8,756,581	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 653,298	1
2	Restatements (describe):		2
3	external audit adjustments made afer 2001 cost report		3
4	was submitted. These have no effect on prior years report		4
5	Bad Debt, medicare revenues (non -allowables)	(943)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 652,355	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(547,801)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (547,801)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 104,554	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,691,047	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,691,047	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	262,291	5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 262,291	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,506	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,506	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Dividend income	145,688	28
28a	Recovery of Bad debt/Miscellaneous income	24,478	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 170,166	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,130,010	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,280,930	31
32	Health Care	2,194,327	32
33	General Administration	2,077,231	33
B. Capital Expense			
34	Ownership	1,284,092	34
C. Ancillary Expense			
35	Special Cost Centers	1,253,417	35
36	Provider Participation Fee	123,187	36
D. Other Expenses (specify):			
37	Related party salary allocations	(535,373)	37
38	not included on this page, but included on page 3&4		38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,677,811	40
41	Income before Income Taxes (line 30 minus line 40)**	(547,801)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (547,801)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002

Ending:

12/31/2002

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	955	1,083	\$ 36,971	\$ 34.14	1
2	Assistant Director of Nursing	80	80	2,923	36.54	2
3	Registered Nurses	12,546	13,676	397,265	29.05	3
4	Licensed Practical Nurses	37,882	41,398	877,968	21.21	4
5	Nurse Aides & Orderlies	76,221	82,233	728,745	8.86	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,088	2,336	33,410	14.30	9
10	Activity Assistants	3,445	3,592	33,981	9.46	10
11	Social Service Workers	1,880	2,080	36,925	17.75	11
12	Dietician					12
13	Food Service Supervisor	1,888	2,080	38,023	18.28	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,255	21,633	162,107	7.49	15
16	Dishwashers					16
17	Maintenance Workers	1,888	2,080	33,336	16.03	17
18	Housekeepers	19,321	21,025	167,336	7.96	18
19	Laundry	8,758	9,580	61,527	6.42	19
20	Administrator					20
21	Assistant Administrator	1,352	1,464	29,069	19.86	21
22	Other Administrative	4,288	4,496	86,600	19.26	22
23	Office Manager					23
24	Clerical	4,247	4,692	45,440	9.68	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,225	2,385	67,290	28.21	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: CSS	716	740	20,705	27.98	32
33	Other(specify) ALZHEIMERS	3,176	3,383	40,659	12.02	33
34	TOTAL (lines 1 - 33)	203,211	220,036	\$ 2,900,280 *	\$ 13.18	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 7,520	1-3	35
36	Medical Director	Monthly	36,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,400	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	32	1,723	11-3	44
45	Social Service Consultant	7	406	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	39	\$ 51,049		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2002

Ending: 12/31/2002

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Glantz, R	administrator	0	98,793	Workers' Compensation Insurance	\$ 60,911	IDPH License Fee	\$	
Lozada, M	administrator	0	24,122	Unemployment Compensation Insurance	33,197	Advertising: Employee Recruitment		
				FICA Taxes	221,931	Health Care Worker Background Check		
				Employee Health Insurance	35,994	(Indicate # of checks performed _____)		
				Employee Meals	27,206			
various executives/assist admin	executive admin.	0	84,003	Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees, dues & subscriptions	950	
				Related party - FECH	680	IL Health Care Assoc	11,504	
TOTAL (agree to Schedule V, line 17, col. 1)				union, health, welfare	66,864			
(List each licensed administrator separately.)			\$ 206,917	dental, life, pension costs	16,930	related party-ams	396	
B. Administrative - Other				relations, miscell, & background chks	273			
Description			Amount	drug test, 401k match, vaccinations	4,209	Less: Public Relations Expense	()	
			\$	Tuition Reimbursement	1,766	Non-allowable advertising	()	
				related party-ams	67,654	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col. 8)	\$ 537,615	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 12,850	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
(Attach a copy of any management service agreement)				Description	Line #	Amount		
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	MNGT. FEES		\$ 616,742					
BDO	ACCT. FEES		6,167					
Ken Fisch/Greenburg	Legal Fees		12,537					
Janet Hermann	Legal Fees		1,575					
Medicom	Software consultant		376					
Talx Corp	Work comp consulting		440					
Barry Greenburg/Hermann/Fisch	Legal consultations		1,382					
Various	Miscell.		438					
US Gas & Energy	Utilities		2,025					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$		
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 641,682					
				G. Schedule of Travel and Seminar**				
				Description		Amount		
				Out-of-State Travel	\$			
				In-State Travel				
				misc/gas/repairs		855		
				related party-ams		11,805		
				Seminar Expense				
				Comprehensive Therapeutics		925		
				O.C.C./Life Serv. Network		560		
				Entertainment Expense	()			
				(agree to Sch. V, line 24, col. 8)				
				TOTAL	\$	14,145		

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	see page 22a (too many to fit here)...		\$ 267,137	3-15	\$ 32,617	\$ 40,395	\$ 36,751	\$ 24,978	\$ 9,416	\$ 2,101	\$ 2,101	\$ 2,101	\$ 2,101
2													
3	Alden Bennet Constructio	11/02	4,749	15				53	317	317	317	317	317
4	Alden Bennet Constructio	7/02	3,170	3				440	1,057	1,057	616		
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 275,056		\$ 32,617	\$ 40,395	\$ 36,751	\$ 25,471	\$ 10,790	\$ 3,475	\$ 3,034	\$ 2,418	\$ 2,418

Facility Name & ID Number ALDEN NURSING CENTER-PRINCETON 1/1/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	EXHAUST REPAIR *	2/92	3,117	5									
2	BOILER REPAIR *	2/92	3,223	5									
3	Wall papering *	2/93	3,525	5									
4	Repair baseboard *	6/93	1,720	5									
5	Belton airhandles *	11/93	3,283	5									
6	Painting *	12/93	1,344	5									
7	Cooler repair	5/93	1,567	10	157	157	157	157	104	0	0	0	0
8	PAINTING	5/94	14,473	3									
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288	288
10	Painting	2/95	20,117	3									
11	Painting	3/95	6,103	3									
12	Climate service	4/95	1,678	5	336	84	0						
13	Painting	4/95	1,920	3									
14	Painting	5/95	930	3									
15	Painting	6/95	1,290	3									
16	Painting	8/95	889	3									
17	Tower cleaners	9/95	4,993	3	999	666	0						
18	Painting	9/95	1,169	3									
19	Painting	12/95	1,758	3									
20	Painting *	12/95	1,395	3									
21	PAINTING	12/95	1,395	3	0								
22	PAINTING	1/96	1,249	3	0								
23	PAINTING	3/96	994	3	55								
24	PAINTING	4/96	1,324	3	110								
25	PAINTING	5/96	1,402	3	156								
26	PAINTING	3/96	1,406	3	78								
27	PAINTING	5/96	1,824	3	203								
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120	120	120
29	PUMP HVAC	4/96	2,457	10	246	246	246	246	246	246	246	246	246
30	CHILLER HVAC	5/96	1,900	10	190	190	190	190	190	190	190	190	190
31	CARPET	5/96	6,115	10	611	611	611	611	611	611	611	611	611
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98	98
33	PAINTING	6/96	1,331	3	185	0							
34	PAINTING	7/96	2,085	3	347	0							
35	PAINTING	7/96	2,169	3	362	0							
36	COOLER HVAC	4/96	2,444	5	489	489	122	0					
37	PAINT DESK	8/96	5,483	10	548	548	548	548	548	548	548	548	548
38	PAINTING	12/96	1,747	3	534	0							
39	PAINTING	10/96	2,403	3	601	0							
40	PAINTING	11/96	2,176	3	604	0							
41	PAINTING	9/96	3,279	3	729	0							
42	REPAIR WALK-IN COOLER	1/97	2,419	3	807	0							
43	REPLACE HVAC PUMP	1/97	5,890	3	1,964	0							
44	HVAC PUMP REPLACEMENT	9/97	3,299	3	1,100	733	0						
45	TEMPERATURE PUMP REPAIR	12/97	1,660	3	553	508	0						
46	CLIMATE(REPAIR PUMP MOTOR)	1/98	3,051	3	1,017	1,017	0						
47	CLIMATE(INSTALL HOT WATER B)	2/98	2,100	3	700	700	58	0					
48	MR BOOTER(REPAIR EJECT PUMP)	6/98	2,000	3	667	667	278	0					
49	CLIMATE(BLOWER MOTORS)	7/98	16,668	3	5,556	5,556	2,778	0					
50	CLIMATE(REPAIR A/C)	9/98	1,671	3	557	557	371	0					
51	PAINTING	3/98	6,291	3	2,097	2,097	350	0					
52	PAINTING	6/98	5,196	3	1,732	1,732	722	0					
53	PAINTING	9/98	5,496	3	1,832	1,832	1,221	0					
54	PAINTING	12/98	4,183	3	1,394	1,394	1,278	0					
55	CSI (inv 65140,65153,65157,65155)	3/99	1,578	3	438	526	526	88	0				
56	Chicago Cooling (assemble A/C)	6/99	2,403	3	467	801	801	334	0				
57	CSI(NEED INVOICE)	7/99	2,576	3	501	859	859	358	0				
58	CSI(NEED INVOICE)	10/99	3,750	3	729	1,250	1,250	521	0				
59	Painting-\$1,500 for 1999	7/99	14,758	3	2,460	4,919	4,919	2,460	0				
60	D. B. S. Contracting (20 zone automatic spr	5/00	40,090	3		8,909	13,363	13,363	4,455	0			
61	Alden Bennett Construction (HVAC repair)	7/00	5,498	3		916	1,833	1,833	916	0			
62	Alden Bennett Construction (time and mater	6/00	1,545	3		300	515	515	215	0			
63	painting-\$1500 for 2000	07/01	9,747	3		1,625	3,249	3,249	1,625	0			
	no new purchases for 2001...												
64	TOTALS		267,137		32,617	40,395	36,751	24,978	9,416	2,101	2,101	2,101	2,101

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc. \$11504
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 7,596 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ _____
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 27,206 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ n/a
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? n/a
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.